

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Dermatology Association Political Action Committee

ADDRESS (number and street)

1350 I St NW

Ste 870

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

1 2

0 1

2 0 0 7

through

1 2

3 1

2 0 0 7

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven Debnar

Signature of Treasurer

Electronically Filed by Steven Debnar

Date

0 1

1 1

2 0 0 8

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	2	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		178898.71
(b) Cash on Hand at Beginning of Reporting Period	256739.36	
(c) Total Receipts (from Line 19)	29920.00	353236.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	286659.36	532134.71
7. Total Disbursements (from Line 31)	689.02	246164.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	285970.34	285970.34
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	25670.00	294171.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	4250.00	58065.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	29920.00	352236.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	29920.00	352236.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	29920.00	353236.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29920.00	353236.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	689.02	6664.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	689.02	6664.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	237500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	689.02	246164.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	689.02	246164.37

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	29920.00	352236.00
34. Total Contribution Refunds (from Line 28(d))	0.00	2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29920.00	350236.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	689.02	6664.37
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	689.02	6664.37

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John R. Adams

Mailing Address Ste E230

1133 College Ave

City

Manhattan

State

KS

Zip Code

66502-2795

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Dermatology, P.A.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 7

Transaction ID: 61a404fa6ecec76975

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Moira C. Ariano

Mailing Address 2S523 Madison Ave

City

Warrenville

State

IL

Zip Code

60555-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: 6decdb807f19309c3b4

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Brad R. Baack

Mailing Address 633 Roma Valley Dr

City

Fort Collins

State

CO

Zip Code

80525-6747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: c9c268b5929ef93e35e

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bonnie L. Barsky

Mailing Address 990 Forest Ave

City

Glencoe

State

IL

Zip Code

60022-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: cfc5de19ea30b494430

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Julie K. Billings

Mailing Address Ste 509
3300 Webster St

City

Oakland

State

CA

Zip Code

94609-3149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: a1f59d1e30ceb418814

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Suzanne W. Braddock

Mailing Address Ste 230
2808 S 80th Ave

City

Omaha

State

NE

Zip Code

68124-3253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Braddock Finnegan Dermato-
logy PC

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: a9fd4ea41c2be5b9636

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 8 / 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Thomas R. Brander

Mailing Address 27 Prenzler Dr

City

Bloomington

State

IL

Zip Code

61704-1299

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: 46ea09d0144a88777e6

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Glenn H. Brown

Mailing Address Ste 320B
1450 S Dobson Rd

City

Mesa

State

AZ

Zip Code

85202-4765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 7

Transaction ID: 5802440e5accf545557

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Soni S. Carlton

Mailing Address 307 Howard Dr

City

Lynchburg

State

VA

Zip Code

24503-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Consultants

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 1e0e36e76e5c203ee5f

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Marc D. Chalet

Mailing Address Apt 1104

10551 Wilshire Blvd

City

Los Angeles

State

CA

Zip Code

90024-7309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatopathologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: a4b77300905f74c54e4

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Missy M. Clifton

Mailing Address 6503 Valley View Rd

City

Rogers

State

AR

Zip Code

72758-8204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 7

Transaction ID: 67756161c9ffac09ab1

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Scott E. Crater

Mailing Address 32 Formosa Dr

City

Charleston

State

SC

Zip Code

29407-7405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: 52094f0c7ef7a1a6677

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jeffrey S. Dover

Mailing Address 169 Franklin St

City

Newton

State

MA

Zip Code

02458-2413

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	0	7

Transaction ID: 1a669cf81c4328195b7

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Anna Drosou

Mailing Address Apt 1406
1420 Brickell Bay Dr

City

Miami

State

FL

Zip Code

33131-3615

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	7

Transaction ID: c841fbf776c7f7c841a

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Raymond G. Dufresne

Mailing Address 593 Eddy St

City

Providence

State

RI

Zip Code

02903-4923

FEC ID number of contributing
federal political committee.**C**Name of Employer
University Dermatology IncOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	5	/	2	0	0	7

Transaction ID: c6e670fe612e5143d05

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert S. Dye

Mailing Address 2927 Venezia Ln

City

Thousand Oaks

State

CA

Zip Code

91362-1768

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	0	7

Transaction ID: 98188b8b725c04f6f5e

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

N. F. Eaglstein

Mailing Address 2628 Tacito Trl

City

Jacksonville

State

FL

Zip Code

32223-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	7

Transaction ID: b499228139dc2276a8b

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Susan T. Elliott

Mailing Address 6624 Jill Ct

City

Mc Lean

State

VA

Zip Code

22101-1613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	0	7

Transaction ID: 28bf6169a38d5e5c8cb

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kenneth W. Fields

Mailing Address Ste 102

5100 Tamiami Trl N

City

Naples

State

FL

Zip Code

34103-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	0	7

Transaction ID: 14f8711a03ad7c10677

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Charles E. Gambla

Mailing Address 1265 Lake Trace Cv

City

Hoover

State

AL

Zip Code

35244-3964

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Dermatology Assoc-
iates, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	0	7

Transaction ID: 96c3937b268913ae48c

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Richard G. Glogau

Mailing Address 120 Dorantes Ave

City

San Francisco

State

CA

Zip Code

94116-1431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	0	7

Transaction ID: 1f381873205fcf4001d

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven S. Greenbaum

Mailing Address 232 Ravenscliff Rd

City

St Davids

State

PA

Zip Code

19087-4732

FEC ID number of contributing
federal political committee.**C**Name of Employer
Dermatologic Surgery Asso-
ciates, PCOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	5	/	2	0	0	7

Transaction ID: 9aed27448a38ab3092b

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Steve Harlan

Mailing Address 14121 Lakeview Dr

City

Clive

State

IA

Zip Code

50325-8652

FEC ID number of contributing
federal political committee.**C**Name of Employer
Dermatology Surgery Cente-
r, PCOccupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	2	/	2	0	0	7

Transaction ID: 8510496df3c39510360

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Joe M. Hazel

Mailing Address 1671 N Limestone St

City

Springfield

State

OH

Zip Code

45503-2646

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	7

Transaction ID: 7b6c1c4285227b77ce8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Yolanda R. Helfrich

Mailing Address 3100 Pittsview Dr

City

Ann Arbor

State

MI

Zip Code

48108-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Michigan,
Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 7

Transaction ID: 96cad6501833f81c650

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Stephen E. Helms

Mailing Address 8485 Squirrel Hill Dr NE

City

Warren

State

OH

Zip Code

44484-2051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 7

Transaction ID: 9334a156831d8e6013d

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Richard H. Hope

Mailing Address 9303 Raleigh Ave

City

Lubbock

State

TX

Zip Code

79424-5111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 3d57bde492155ddad91

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David L. Hurt

Mailing Address 21554 Mountsfield Dr

City

Golden

State

CO

Zip Code

80401-9432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: 66b60ded85128123bc8

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Candace W. King

Mailing Address 1040 Glensheen Trl

City

Lewisville

State

NC

Zip Code

27023-8636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pinehurst Skin Surgery Ce-
nter

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: ee1c80cff75f596ad70

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Laura A. King

Mailing Address Ste 206
3772 Katella Ave

City

Los Alamitos

State

CA

Zip Code

90720-6428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: 9c41e4993ccc98889c5

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Eileen C. Kitces

Mailing Address 315 Roslyn Rd

City

Richmond

State

VA

Zip Code

23226-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 7

Transaction ID: bcf24bbabb3640b615f

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Ronald C. Knipe

Mailing Address 9248 Bentley Park Cir

City

Orlando

State

FL

Zip Code

32819-5345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Knipe & Moskowitz

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 7

Transaction ID: 774c0c57eb69770e71a

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Meg A. Lemon

Mailing Address Ste 175
2005 Franklin St

City

Denver

State

CO

Zip Code

80205-5401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: 62b63db6a645523eaf9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wendy E. Livingston

Mailing Address 170 Laurel Hill Rd

City

Mountain Lakes

State

NJ

Zip Code

07046-1217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: 4841fd5f17cea77c752

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Philip J. LoBuono

Mailing Address 211 State Route 71

City

Spring Lake

State

NJ

Zip Code

07762-1826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: 7ae5ffd083add243d4c

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Daniel F. Mitchell

Mailing Address 119 W Hill St

City

Thomasville

State

GA

Zip Code

31792-6618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: 3103ee56ecd62223f83

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1015.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kendall A. Morrison

Mailing Address 660 Holiday Dr

City

Crossville

State

TN

Zip Code

38555-5822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cumberland Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	2	/	2	0	0	7

Transaction ID: 46881830f597618bdaa

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey G. Moskowitz

Mailing Address 2814 Willow Bay Ter

City

Casselberry

State

FL

Zip Code

32707-6731

FEC ID number of contributing
federal political committee.

C

Name of Employer
Knipe & Moskowitz

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	0	7

Transaction ID: 88242e93a98059d78dd

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Diya F. Mutasim

Mailing Address 7801 Keller Rd

City

Cincinnati

State

OH

Zip Code

45243-1035

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Cincinnati

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	0	7

Transaction ID: 549cb797376bf20ef9f

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tho Q. Nguyen

Mailing Address 3912 Hillwood Way

City

Bedford

State

TX

Zip Code

76021-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer
N.E. Tarrant Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: 8bfc4e5621687053d29

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Gale B. Oleson

Mailing Address PO Box 39

City

Blue Springs

State

MO

Zip Code

64013-0039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 7

Transaction ID: 31d545ff5b36a83f6b4

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Stepan Oliva

Mailing Address 501 Lake Mariam Ln

City

Winter Haven

State

FL

Zip Code

33884-4500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winter Haven Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: 22ecda52e06a4059796

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David M. Pegouske

Mailing Address 35511 Bristol St

City

Livonia

State

MI

Zip Code

48154-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	5	/	2	0	0	7

Transaction ID: e32145be56dc49eab9d

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Charles M. Phillips

Mailing Address 600 Moyer Blvd
Brody 3E-117

City

Greenville

State

NC

Zip Code

27834-7686

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brody School of MedicineOccupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	0	7

Transaction ID: 828A6CE4-3936-4A85-

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Pamela K. Phillips

Mailing Address 200 1st St SW

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo ClinicOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	0	7

Transaction ID: 63965992e25c3e25ab9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Matthew B. Quan

Mailing Address Apt 21A

22 W 15th St

City

New York

State

NY

Zip Code

10011-6848

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: a1d2c285afb4f935d7c

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Thomas L. Ray

Mailing Address 108 S Mount Vernon Dr

City

Iowa City

State

IA

Zip Code

52245-4820

FEC ID number of contributing
federal political committee.

C

Name of Employer
U of Iowa Hospital and Cl-
inics

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 38b7e2198ee8c4efb8b

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Burton E. Silver

Mailing Address 600 Lakeland Dr

City

Lake Bluff

State

IL

Zip Code

60044-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: 93d9f437532eb3b38c9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Allison F. Singer

Mailing Address 4246 University Blvd

City

Dallas

State

TX

Zip Code

75205-1635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 9bc15f4bd1ab3de9ee9

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Brian R. Sperber

Mailing Address 274 Balmoral Way

City

Colorado Springs

State

CO

Zip Code

80906-7915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Springs Dermatol-
ogy

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 7

Transaction ID: 9944c17b3a2ee41380e

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Eric A. Strauss

Mailing Address Apt 32G
245 E 40th St

City

New York

State

NY

Zip Code

10016-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: f9a2c1e81d4fa215c4a

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ingrid E. Trenkle

Mailing Address 1317 Arroyo Cres

City

Redlands

State

CA

Zip Code

92373-6507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 7

Transaction ID: 73216315cac38fed815

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Arthur R. Ugel

Mailing Address Ste 745
5454 Wisconsin Ave

City

Chevy Chase

State

MD

Zip Code

20815-6924

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 82c54faa1cbdd661afe

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Sheryl L. Vanderhooft

Mailing Address Dept of Derm, 4B454 Schl of Med
30 N 1900 E

City

Salt Lake City

State

UT

Zip Code

84132-0006

FEC ID number of contributing
federal political committee.

C

Name of Employer
U of Utah Health Sciences
Ctr

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: 1a38089ffeaa39df83d

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Panos Vasiloudes

Mailing Address 12108 Marblehead Dr

City

Tampa

State

FL

Zip Code

33626-2504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Academic Alliance Dermato-
logy

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 7

Transaction ID: b8b8f0a6306af2a7cca

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jay R. Walther

Mailing Address 15504 Rodeo Dr

City

Harlingen

State

TX

Zip Code

78552-4866

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: a7bea552869a290364a

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Harvey I. Weinberg

Mailing Address 302 Morris Ave

City

Mountain Lakes

State

NJ

Zip Code

07046-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 7

Transaction ID: b27b55f8826dd236ff1

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Paul D. Wortman

Mailing Address 3243 S Main St

City

Winston Salem

State

NC

Zip Code

27127-4826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	8		2	0	0	7

Transaction ID: 627ddc305e005010048

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

25670.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: V32891-9778253436088 Date of Disbursement																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	0	7												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement AMEX Fees Candidate Name	<table border="1"> <tr> <td colspan="10">216.49</td> </tr> </table>	216.49																			
216.49																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: V32891-1004297137260 Date of Disbursement																				
Mailing Address PO Box 6603	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	0	7												
City Hagerstown State MD Zip Code 21741-6603	Amount of Each Disbursement this Period																				
Purpose of Disbursement VS/MC Fees Candidate Name	<table border="1"> <tr> <td colspan="10">442.53</td> </tr> </table>	442.53																			
442.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: V33168-7095453143119 Date of Disbursement																				
Mailing Address PO Box 6603	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	0	7												
City Hagerstown State MD Zip Code 21741-6603	Amount of Each Disbursement this Period																				
Purpose of Disbursement Visa/MasterCard Fees Candidate Name	<table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	30.00																			
30.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

689.02

TOTAL This Period (last page this line number only)

689.02

Image# 28990043590

Form/Schedule: **F3X**

Transaction ID:
